Painful oculomotor nerve palsy due to lymphocytic hypophysitis

A 40-year-old man developed headache and a left oculomotor nerve palsy. MRI revealed diffuse enlargement of the pituitary gland and thickening of the pituitary stalk with strong gadolinium enhancement (figure). CSF examination showed a lymphocytic pleocytosis; there were laboratory findings of panhypopituitarism, but no related symptoms. We administered IV methylprednisolone. The headache and ophthalmoplegia showed a dramatic response, resolving 5 days later. Lymphocytic hypophysitis is characterized by autoimmune inflammation of the pituitary gland,1 usually presenting with headache and visual disturbances in women, rarely with oculomotor nerve palsy.1,2 Glucocorticoids effectively reduce inflammation and support adrenal function.

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Study funding: Supported by a grant of the Korea Health 21 R&D Project, Ministry of Health & Welfare, Republic of Korea (A080750).

Disclosure: Dr. Moon reports no disclosures. Dr. Kim serves as an Associate Editor of Frontiers in Neuro-otology and on the editorial boards of the Journal of Korean Society of Clinical Neurophysiology, the Journal of Clinical Neurology, Frontiers in Neuro-ophtalmology, and Journal of Neuro-ophtalmology and receives research support from SK Chemicals, Co. Ltd.

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Neurology 2011;76;104
DOI 10.1212/WNL.0b013e318203e99e

This information is current as of December 27, 2010

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